

COMMERCIAL BUILDING PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring St.
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date Submitted: _____

SITE ADDRESS: _____

PROJECT NAME: _____

Phone: _____ Cell #: _____

Fax: _____ E-mail: _____

Suite # _____ Apartment # _____

New Addition Alteration Tenant-Finish out

Of Buildings: _____ Stories: _____

Owner's Name: _____

Contractors Name: _____

Contractors Address: _____

Structure Depth: _____ Structure Width: _____

Heated Square Feet: _____ Unheated Square Feet: _____

Front Setbacks: _____ Side Setbacks: _____

Rear Setbacks: _____

Total Cost \$ _____

Subcontractor's List:

Plumber _____

Electrician _____

Heating & Air-conditioning _____

Remarks _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Type of Construction: _____ Type of Occupancy: _____

Sprinkled / Unsprinkled Zoning: _____ Map _____ Utilities _____

SETBACKS _____

INSPECTOR APPROVAL _____ APPROVAL DATE _____